



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		34494.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	15704.00									
(c) Total Receipts (from Line 19) .....	21860.00	43020.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37564.00	77514.00								
7. Total Disbursements (from Line 31) .....	9500.00	49450.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28064.00	28064.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20520.00	39350.00
(i) Itemized (use Schedule A) .....	1340.00	3670.00
(ii) Unitemized .....	21860.00	43020.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	21860.00	43020.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	21860.00	43020.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21860.00	43020.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	49500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	-50.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	-50.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9500.00	49450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9500.00	49450.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	21860.00	43020.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	-50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21860.00	43070.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr CHARLES THOMAS II, MD

Mailing Address 21 E Forest Road

City

Asheville

State

NC

Zip Code

28803-2909

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RTA of Western NC, PA

Occupation  
Medical Doctor

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
09 / 13 / 2008

Transaction ID: 28626827

Amount of Each Receipt this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mark Leslie Sobczak

Mailing Address 5671 Kingsmill Dr.

City

Salisbury

State

MD

Zip Code

21801-7472

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KRT

Occupation  
Medical Doctor

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
09 / 13 / 2008

Transaction ID: 28626830

Amount of Each Receipt this Period

2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

GILBERT LAWRENCE, MD

Mailing Address 2114 GENESEE STREET

City

UTICA

State

NY

Zip Code

13502-5629

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Yonkers Radiation Therapy

Occupation  
Medical Doctor

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
09 / 13 / 2008

Transaction ID: 28626832

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward W. Kiggundu

Mailing Address 6821 Wisconsin Ave  
Apt 3011

City State Zip Code  
Bethesda MD 20815-6104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KRT Medical Doctor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2008

Transaction ID: 28626835

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr Joanne B. Dragon

Mailing Address 8354 Hedgewood Drive

City State Zip Code  
Jacksonville FL 32216-1489

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
21st Century Oncology of Jacksonville Medical Doctor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2008

Transaction ID: 28635425

Amount of Each Receipt this Period

300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr May L. Foo

Mailing Address 1276 Venetian Way

City State Zip Code  
Naples FL 34110-1518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
21st Century Oncology, Inc Medical Doctor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2008

Transaction ID: 28635432

Amount of Each Receipt this Period

2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3100.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr Lucia Clover</p> <p>Mailing Address 21112 N 73rd Ave</p> <p>City State Zip Code Glendale AZ 85308-9583</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Arizona Radiation Therapy Management S</p> <p>Occupation Medical Doctor</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Transaction ID:</b> 28635433</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><b>Contribution</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) JAMES ORR, MD</p> <p>Mailing Address 21 Georgetown</p> <p>City State Zip Code Fort Myers FL 33919-1088</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer 21st Century Oncology, Inc</p> <p>Occupation Medical Doctor</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Transaction ID:</b> 28635443</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2500.00</span></p> <p><b>Contribution</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Rashmi Chobe</p> <p>Mailing Address 833 Bugle Branch Way</p> <p>City State Zip Code Jacksonville FL 32259-4449</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer 21st Century Oncology, Inc</p> <p>Occupation Medical Doctor</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Transaction ID:</b> 28635444</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><b>Contribution</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mr. DAVID E. LEE

Mailing Address 9741 Mar Largo Circle

City State Zip Code  
Fort Myers FL 33919-7325

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc Occupation Physician Assistant

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1567085120272  
Amount of Each Receipt this Period: 350.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Dr Theodore Masek

Mailing Address 9 Ivy League Circle

City State Zip Code  
Rancho Mirage CA 92270-3909

FEC ID number of contributing federal political committee. **C**

Name of Employer California Radiation Therapy Management Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3800.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1567097120272  
Amount of Each Receipt this Period: 1400.00  
P/R Deduction (\$200.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. GAIL CUMMINGS

Mailing Address 11574 TIMBERLINE CIRCLE

City State Zip Code  
FORT MYERS FL 33912

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc Occupation Technical Director

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1580094820272  
Amount of Each Receipt this Period: 175.00  
P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1925.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 18  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. VICTORIA DANTON

Mailing Address 1409 Davis Drive

City State Zip Code  
Fort Myers FL 33919-1069

FEC ID number of contributing federal political committee. **C**

Name of Employer  
21st Century Oncology Management, Inc

Occupation  
Director of Revenue Integrity

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1425.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** PR1580095120272

Amount of Each Receipt this Period  
525.00

P/R Deduction (\$75.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mrs MONICA ROLDAN

Mailing Address 17350 GARDEN COURT

City State Zip Code  
FORT MYERS FL 33908-6020

FEC ID number of contributing federal political committee. **C**

Name of Employer  
21st Century Oncology Management, Inc

Occupation  
Director Information Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** PR1580096620272

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$30.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MARK BIR

Mailing Address 13060 Shoreside Court

City State Zip Code  
Fort Myers FL 33913-6931

FEC ID number of contributing federal political committee. **C**

Name of Employer  
21st Century Oncology, Inc

Occupation  
Physician Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** PR1580879120272

Amount of Each Receipt this Period  
175.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **760.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

QUINTEN Curtis BLACK, MD

Mailing Address 1404 Kenton Lane

City State Zip Code  
Asheville NC 28803-2468

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RTA of Western NC, PA Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1580879420272

Amount of Each Receipt this Period

280.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

TAM NGUYEN, MD

Mailing Address 2798 Bellini Road

City State Zip Code  
Henderson NV 89052-3118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Michael J. Katin, MD, PC Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1580891920272

Amount of Each Receipt this Period

700.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PAUL TREADWELL, MD

Mailing Address 9916 COZY GLEN CIRCLE

City State Zip Code  
LAS VEGAS NV 89117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Michael J. Katin, MD, PC Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1580898520272

Amount of Each Receipt this Period

140.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1120.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 18  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MRS. NANCY A. WISE

Mailing Address 11540 BAYSHORE ROAD

City State Zip Code  
NORTH FORT MYERS FL 33917-4201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Financial Services of SW Director Financial Services  
Florida

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1580900220272

Amount of Each Receipt this Period  
175.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Dr Patrick Michael Francke

Mailing Address 7 Winnebago Road

City State Zip Code  
Sea Ranch Lakes FL 33308-2305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
21st Century Oncology, Inc Medical Doctor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 760.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1633307920272

Amount of Each Receipt this Period  
280.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Dr Keith Lawrence Miller

Mailing Address 12731 Terabella Way

City State Zip Code  
Fort Myers FL 33912-0910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
21st Century Oncology, Inc Medical Doctor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1692755720272

Amount of Each Receipt this Period  
1050.00

P/R Deduction (\$150.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1505.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Dwight Fitch	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 9122 16th Ave Circle, NW	<b>Transaction ID:</b> PR2127270520272
	City State Zip Code Bradenton FL 34209-8133	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Pat Pat Jarnagin	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 751 Isaac Shelby Circle	<b>Transaction ID:</b> PR2127270820272
	City State Zip Code Frankfort KY 40601-8810	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer 21st Century Oncology of Kentucky Occupation Regional Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian P Quaranta, MD	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 100 Vista Lake Drive Apt 108	<b>Transaction ID:</b> PR2127272420272
	City State Zip Code Candler NC 28715	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer North Carolina RT Management Services Occupation Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>805.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 18  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Michael Shevach, MD

Mailing Address 7365 Regina Royale

City State Zip Code  
Sarasota FL 34238-4545

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR2127272520272

Amount of Each Receipt this Period: 700.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Pablo Lavagnini

Mailing Address 707 S. President St  
Apartment \*935

City State Zip Code  
Baltimore MD 21202-4474

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Onc of Harford County, Ma Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR2232226820272

Amount of Each Receipt this Period: 140.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Madlyn Dornaus

Mailing Address 18930 Knoll Landing Drive

City State Zip Code  
Fort Myers FL 33908-4760

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology Management, Inc Occupation VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR2232241720272

Amount of Each Receipt this Period: 700.00

P/R Deduction (\$150.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1540.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Chaundre Cross

Mailing Address 6845 Wellington Drive

City State Zip Code  
Naples FL 34109-7207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
21st Century Oncology, Inc Medical Doctor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2232246220272

Amount of Each Receipt this Period

175.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Shirnett Matthews

Mailing Address 35 Bryce's Ct

City State Zip Code  
Sicklerville NJ 08081-1675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
21st Century Oncology of New Jersey, I Medical Doctor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2232246420272

Amount of Each Receipt this Period

350.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Alexis Harvey

Mailing Address 2127 Race St

City State Zip Code  
Philadelphia NJ 19103-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
21st Century Oncology of New Jersey, I Medical Doctor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2232248520272

Amount of Each Receipt this Period

140.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

665.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 18	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenyon Meadows		Date of Receipt	
	Mailing Address 124 Montrose Ct Apartment 100		M M / D D / Y Y Y Y 09 / 30 / 2008	
	City Dothan	State CA	Zip Code 36305-6632	
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2245170620272	
	Name of Employer 21st Century Oncology of Alabama, Inc		Occupation Medical Doctor	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00	
			Amount of Each Receipt this Period 350.00	
			P/R Deduction (\$50.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>20520.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Patrick J Kennedy Inc <hr/> Mailing Address P.O. Box 321 <hr/> City Pawtucket State RI Zip Code 02862 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Patrick Kennedy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 01	<b>Transaction ID:</b> 28211326 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 8	
		Amount of Each Disbursement this Period 1000.00	Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Moving America Forward <hr/> Mailing Address 471 Birchington Lane <hr/> City Melbourne State FL Zip Code 32940 <hr/> Purpose of Disbursement Contribution Candidate Name Moving America Forward Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 28303386 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 8	
		Amount of Each Disbursement this Period 2500.00	Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress <hr/> Mailing Address 200 North Main St. P.O. Box 712 <hr/> City Monticello State IN Zip Code 47960 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Steve Buyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 04	<b>Transaction ID:</b> 28645937 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8	
		Amount of Each Disbursement this Period 1000.00	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citizens For Cochran

Mailing Address PO Box 7183

City  
Tupelo

State  
MS

Zip Code  
38802

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
Sen. Thad Cochran

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MS District:

Transaction ID: 28646226

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....